

OKLAHOMA MOTOR VEHICLE COMMISSION

**APPLICATION PACKET FOR CHANGE IN MAJORITY OWNERSHIP OR DEALER PRINCIPAL
OF A NEW AUTOMOBILE, TRUCK OR BUS DEALERSHIP ONLY**

THIS PACKET IS FOR: A currently licensed dealership experiencing a partial change in majority ownership or dealer principal, *with at least some of the same ownership staying in place.*
If it is a complete change of ownership, do not use this packet.

CAREFULLY FOLLOW THE CHECKLIST BELOW TO MAKE COMPLETE APPLICATION:

- ___ 1. **DEALER APPLICATION FORM:** Form must be legible, complete, signed and notarized. If we cannot read it, we will return it. Answer all questions.

- ___ 2. **FINANCIAL INFORMATION:** Submit a **Company Balance Sheet or Pro Forma Balance Sheet.** Do not submit personal financial information. The Balance Sheet must be certified by an officer of the company, and current within the last 60 days. A blank Balance Sheet form is included in this packet for your convenience, or you may submit your own, but make sure it is signed and certified that it is accurate.

- ___ 3. **BUSINESS HISTORY:** Provide a brief history of each new Owner or Executive Manager who will be active in the daily operations. Include previous dealership ownership and/or employment.

- ___ 4. **MANUFACTURER/DISTRIBUTOR(S):** Provide list of names, addresses, phone numbers and contact persons for the manufacturers and/or distributors with whom you will have Dealer Agreement(s).

- ___ 5. **DEALER AGREEMENT(S):** *Application may be submitted and considered by the Board without these document(s).* The Board can choose to approve the application “contingent upon” receipt of the Dealer Agreement(s). Keep in mind the actual franchise license(s) will not be issued until the Dealer Agreement(s) are received.

- ___ 6. **FEE: \$300.00 PER FRANCHISE.** Check or Money Orders only. No cash or credit cards accepted. License Fees are non-refundable unless application is denied.

- ___ 7. **DEADLINE:** Applications are considered by the Board on the second Tuesday of each month ONLY. The **deadline** to submit an application packet is the Monday eight days prior to the Commission Meeting. **NO EXCEPTIONS!**

Contact Marilyn Maxwell at (405) 607-8227, ext 101, for assistance.

OKLAHOMA MOTOR VEHICLE COMMISSION

NEW MOTOR VEHICLE DEALER
APPLICATION FOR PARTIAL CHANGE OF OWNERSHIP OR DEALER PRINCIPAL

PLEASE TYPE.

1. DBA Name _____ 2. Legal Name _____ (if different)

3. Physical Address _____ Street Address City State Zip County

4. Mailing Address _____ (if different) P.O. Box City State Zip

5. Main Phone # (_____) _____ 6. Website: _____

7. Dealer Principal _____ Name Direct Phone # E-Mail

Exec Manager _____ (if different)

Contact Person _____ (filling out this form)

8. Will this be the Dealer's primary occupation? ___ Yes ___ No If No, explain on separate sheet of paper.

9. What is the Federal ID Number? (FEIN) _____

10. Type of Ownership: ___ Individual ___ Partnership ___ Corporation ___ LLC ___ LP

11. Complete for each Owner, Officer and Executive Manager (including date of birth and percent of ownership):

Table with 5 columns: NAME, COMPLETE HOME ADDRESS, TITLE, D.O.B., %. Contains 5 rows of blank lines for data entry.

12. Have you or any of the principals ever had a Motor Vehicle Dealer or Salesperson License denied, revoked or suspended in this or any other state? ___ Yes ___ No If Yes, explain: _____

13. Have you or any of the principals ever been convicted of a felony? [] Yes [] No If Yes, complete below:

Who? _____ Where? _____ When? _____

(circle one) Federal or State Charge Convicted of: _____

Attach copy of a Criminal History Background Report relating to the felony charge(s). The Application will not be processed without this documentation. This Commission has the authority to verify, independently, the accuracy of your response.

BALANCE SHEET

Company Name _____

As of _____

ASSETS:

Current Assets:

Cash on Hand and in Bank _____
Accounts Receivable _____
Factory Receivables _____
Notes Receivable _____

Total Cash and Receivables _____

Inventories:

New Motor Vehicles _____
Used Motor Vehicles _____
Parts and Accessories _____
Other Inventories _____

Total Inventories _____

Other Current Assets:

Total Current Assets: _____

Property, Plant, and Equipment:

Land and Buildings _____
Furniture, Fixtures, Equipment _____
Company Vehicles _____
Leasehold Improvements _____
Other _____

Total Property, Plant, & Equip: _____

Other Dealership Assets:

Total Non-Current Assets: _____

TOTAL ASSETS: _____

LIABILITES

Current Liabilities:

Accounts Payable _____
Notes Payable - Floor Plan _____
Other Short-Term Notes _____
Other Current Liabilities _____

Total Current Liabilities: _____

Long-Term Liabilities:

Mortgages Payable _____
Other Long-Term Notes _____

Total Long-Term Liabilities: _____

TOTAL LIABILITES: _____

NET WORTH / OWNERS EQUITY:

Capital Stock _____
Additional Paid in Capital _____
Retained Earnings _____
Other (Explain) _____

TOTAL NET WORTH / OWNERS EQUITY: _____

TOTAL LIABILITES PLUS NET WORTH: _____

I CERTIFY THAT THIS FINANCIAL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Printed Name _____ Title _____
Corporate Officer

OKLAHOMA MOTOR VEHICLE COMMISSION

**APPLICATION FOR GRATIS
REGISTRATION APPLICATION**

(Not a regular Salesperson Registration Application)

PLEASE PRINT CLEARLY

1. **FULL NAME:** _____
(First Middle Initial Last)

2. **ADDRESS:** _____
Street City State Zip

3. **SSN:** 4. **Birth Date:** ____/____/____ 5. **HOME/CELL:** (____) _____
(LAST 4 DIGITS ONLY!)

6. **FULL DEALERSHIP NAME (DBA):** _____

7. **DEALERSHIP ADDRESS:** _____
Street City State Zip

8. **DATE HIRED:** _____ 9. **JOB TITLE:** _____

10. **HAVE YOU EVER BEEN LICENSED OR REGISTERED BEFORE BY THIS COMMISSION?**
 YES NO If Yes, specify most recent dealership: _____

11. **HAVE YOU EVER HAD A MOTOR VEHICLE DEALER OR SALESPERSON LICENSE/
REGISTRATION DENIED, REVOKED OR SUSPENDED IN THIS OR ANY OTHER STATE?**
 YES NO If Yes, provide details: _____

I agree to abide by the Laws and Rules of the State of Oklahoma, Motor Vehicle Commission. I certify under penalty of perjury that the answers and information contained herein are true and correct.

Applicant Signature _____ **Date** _____

Oklahoma Motor Vehicle Commission
4334 N.W. Expressway, Suite 183, Oklahoma City, OK 73116
(405) 607-8227

GRATIS CARD (No fee required)

OKLAHOMA MOTOR VEHICLE COMMISSION
APPLICATION FOR NEW MOTOR VEHICLE
SALESPERSON CERTIFICATE OF REGISTRATION

PLEASE PRINT CLEARLY

1. FULL NAME: _____
(First Middle Initial Last)

2. ADDRESS: _____
Street City State Zip

3. SSN: [][][][][][] **4. Birth Date:** ___/___/___ **5. HOME/CELL:** (_____) _____
(LAST 4 DIGITS ONLY!)

6. FULL DEALERSHIP NAME (DBA): _____

7. DEALERSHIP ADDRESS: _____
Street City State Zip

8. CHECK ONE: Salesperson Finance Dealer Key Personnel Dealer Spouse

9. DATE HIRED: _____ **10. JOB TITLE:** _____

APPLICANT ATTESTATION: I agree to abide by the Laws and Rules of the State of Oklahoma and the Motor Vehicle Commission. I certify under penalty of perjury that the answers and information contained herein are true and correct.

APPLICANT SIGNATURE **DATE:** _____

EMPLOYER'S ENDORSEMENT

I have read the foregoing answers by the above Applicant and believe them to be true to the best of my knowledge. **This Applicant, Representing My Dealership,** is recommended as trustworthy and a person who will abide by the provisions of the laws and the rules and regulations governing the sale of new motor vehicles, and is being employed as a salesperson, selling exclusively for the undersigned employer.

Signature of Dealer, General Manager or Corporate Officer Only **TITLE**

PRINT NAME **DATE**

Submit Registration application and \$25.00 fee to:
Oklahoma Motor Vehicle Commission
4334 N.W. Expressway, Suite 183,
Oklahoma City, OK 73116 405-607-8227